

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on January 12, 2004.

## **I. DISPUTE**

Whether there should be reimbursement for CPT code 99361 rendered on 09/09/03 denied as “1 – This is a bundled procedure; no separate payment allowed”.

## **II. RATIONALE**

Requestor did not submit a position statement.

Respondents' position statement dated February 3, 2004 states in part... “Attached is the completed TWCC-60 in accordance with 28 TAC Sections 133.307(e)(3) and 133.308(g) and (h). This is a fee dispute concerning date of service 09/09/03. Carrier takes the position that no separate payment is allowed for CPT Code 99361...”

- CPT Code 99361 – The Medicare Online Fee Schedule does not recognize the team conference CPT code billed. Per Ingenix EncoderPro payment for the team conference is included in the payment for the services to which they relate. Reimbursement is not recommended.

## **III. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT code 99361.

The above Findings and Decision is hereby issued this 27th day of May 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf